| NORTHERN   | TATES DISTRICT<br>DISTRICT OF CAI<br>CAND 435<br>AND Rev. 08/2018)   |                    | TRANSCRIPT ORDER  Please use one form per court reporter.  CJA counsel please use Form CJA24  Please read instructions on next page. |                 |                                     |   |   |                      |                  |  |   |                              | COURT USE ONLY <b>DUE DATE:</b> |                     |                   |          |  |
|--|--|--------------------|--|-----------------|-------------------------------------|---|---|----------------------|------------------|--|---|------------------------------|---------------------------------|---------------------|-------------------|----------|--|
|  |  |                    |  |                 | ONTACT PHONE NUMBER<br>05) 464-7758 |   |   |                      |                  |  | з. contact email address<br>jpappas@brusterpllc.com |                              |                                 |                     |                   |          |  |
| 1b. ATTORNEY NAME (if different)  Edward K. Chin  2b. ATTORNEY (817) 60  |  |                    |  |                 |                                     |   |   |                      |                  |  |   | MAIL ADDRESS<br>sterplic.com |                                 |                     |                   |          |  |
| 4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Bruster PLLC 680 N. Carroll Ave., Suite 110 Southlake, TX 767092 |  |                    |  |                 |                                     | 5. CASE NAME In re: Social Media Adolescent Addiction                             |   |                      |                  |  |   |                              | 6. CASE NUMBER<br>4:22-md-03047 |                     |                   |          |  |
| 7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ ☐ FTR  Summer Fisher  |  |                    |  |                 |                                     |   | 8. THIS TRANSCRIPT ORDER IS FOR:  APPEAL CIVIL CJA: Do not use this form; use Form CJA24. |                      |                  |  |   |                              |                                 |                     |                   |          |  |
| 9. TRANSCRIPT  | T(S) REQUESTED (S  | Specify portion    | on(s) and date(s) of proce   | eeding(s        | s) for which t                      | ranscript i   | s requested   | ), format(s) &       | & quantity an    | d delivery                             | type:   |                              |                                 |                     |                   |          |  |
| a HEARING(S) (OR PORTIONS OF HEARINGS)   |  |                    |  |                 |                                     | FORMAT(S) (NOTE: ECF access is included rchase of PDF, text, paper or condensed.) |   |                      |                  | c. DELIVERY TYPE (Choose one per line) |   |                              |                                 |                     |                   |          |  |
| DATE   | JUDGE<br>(initials)  | TYPE<br>(e.g. CMC) | PORTION<br>If requesting less than full hea<br>specify portion (e.g. witness or  | aring,<br>time) | PDF<br>(email)                      | TEXT/ASCII<br>(email)   | PAPER   | CONDENSED<br>(email) | ECF ACCESS (web) | ORDINARY<br>(30-day)                   | 14-Day  | EXPEDITED (7-day)            | 3-DAY                           | DAILY<br>(Next day) | HOURLY<br>(2 hrs) | REALTIME |  |
| 08/30/2024   | YGR  | Conf               |  |                 |                                     | 0   | 0   | 0                    | 0                | 0                                      | 0   |                              | 0                               | 0                   | 0                 | 0        |  |
|  |  |                    |  |                 | 0                                   | 0   | 0   | 0                    | 0                | 0                                      | 0   | 0                            | 0                               | 0                   | 0                 | 0        |  |
|  |  |                    |  |                 | 0                                   | 0   | 0   | 0                    | 0                | 0                                      | 0   | 0                            | 0                               | 0                   | 0                 | 0        |  |
|  |  |                    |  |                 | 0                                   | 0   | 0   | 0                    | 0                | 0                                      | 0   | 0                            | 0                               | 0                   | 0                 | 0        |  |
|  |  |                    |  |                 | 0                                   | 0   | 0   | 0                    | 0                | 0                                      | 0   | 0                            | 0                               | 0                   | 0                 | 0        |  |
|  |  |                    |  |                 | 0                                   | 0   | 0   | 0                    | 0                | 0                                      | 0   | 0                            | 0                               | 0                   | 0                 | 0        |  |
| 10. ADDITIONA  | AL COMMENTS, INS   | STRUCTIONS         | , QUESTIONS, ETC:  |                 |                                     |   |   |                      |                  |  |   |                              |                                 |                     |                   |          |  |
| Please en  | nail invoices a  | nd transcı         | ripts to Jon Pappas  | at jpa          | appas@b                             | rusterpl  | lc.com  |                      |                  |  |   |                              |                                 |                     |                   |          |  |
| ORDER & CER  | ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional). |                    |  |                 |                                     |   |   |                      |                  |  |   |                              | 12. DATE                        |                     |                   |          |  |
| 11. SIGNATUR   | /s/ Edward K. Chin   |                    |  |                 |                                     |   |   |                      |                  |  |   |                              | 09/05/2024                      |                     |                   |          |  |